

To: Members of Joint Committee on Appropriations

From: Sandra Zinter  
Commissioner of Bureau of Personnel

Subj: Information requested following the BOP Budget Presentation

Date: February 24, 2010

1. Representative Wismer requested the following data concerning market data information. The data used was provided by the South Dakota Department of Labor's Labor Market Information Center and represents only South Dakota employers, both public and private.

<b>Career Family</b>	<b>% Behind Market for working through expert levels</b>
Accountants/Auditors	12.8% - 26.7%
Engineers	15.6% - 23.5%
Environmental Scientists	9.2% - 18.8%
Nurses	18.4% - 23.1%
IT – Software Engineering	15.7% - 23.0%
IT – Technology Engineering	18.0% - 30.6%

2. Representative Wismer requested the average salary information for employees exempt from the Career Service and for those employees covered by the Career Service Act. These numbers do not include the Board of Regents because the BOR has a separate payroll system.

**Average Salary of Exempt State Employees (not including Board of Regents)**

Exempt as defined by statute includes for example, Cabinet members, Division Directors, all Bureau of Finance and Management staff, Legislative branch employees, judicial branch employees, employees of elected / constitutional offices

\$51,663.07

**Average Salary of Career Service State Employees (Not including Board of Regents)**

\$35,208.60

3. Representative Wink requested the insurance rates for dependents, Retirees and COBRA participants. Those rate sheets have been attached.

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN  
FY2010 PLAN YEAR**

<b>Active Employees - Semi-Monthly Premium Rates</b>				
<b>DEDUCTIBLE</b>		<b>\$300 Ded. Copay</b>	<b>\$1,000 Ded.</b>	<b>\$2,000 Ded. HSA</b>
<b>EMPLOYEE</b>		N/A	N/A	N/A
<b>EMPLOYEE AND 1 CHILD</b>		\$41.35	\$26.31	\$6.39
<b>EMPLOYEE AND 2 CHILDREN</b>		\$75.55	\$48.69	\$22.62
<b>EMPLOYEE AND 3+ CHILDREN</b>		\$96.50	\$59.98	\$30.80
<b><u>SPOUSE'S AGE as of July 1, 2009</u></b>				
<b>EMPLOYEE AND SPOUSE</b>	<30	\$51.56	\$35.83	\$13.29
	30-39	\$66.21	\$46.48	\$21.02
	40-44	\$81.99	\$59.09	\$30.16
	45-49	\$97.52	\$72.83	\$40.12
	50-54	\$118.44	\$92.35	\$54.26
	55-59	\$142.63	\$113.34	\$69.49
	60+	\$163.63	\$127.21	\$79.54
<b>EMPLOYEE, SPOUSE AND CHILD</b>	<30	\$87.36	\$60.56	\$31.23
	30-39	\$102.49	\$70.14	\$38.17
	40-44	\$118.55	\$82.93	\$47.44
	45-49	\$134.24	\$96.31	\$57.14
	50-54	\$153.74	\$115.46	\$71.02
	55-59	\$178.32	\$136.43	\$86.23
	60+	\$200.38	\$150.31	\$96.29
<b>EMPLOYEE, SPOUSE AND 2+ CHILDREN</b>	<30	\$122.80	\$80.76	\$45.86
	30-39	\$138.93	\$91.94	\$53.97
	40-44	\$155.00	\$104.33	\$62.96
	45-49	\$170.67	\$118.36	\$73.12
	50-54	\$190.17	\$137.84	\$87.24
	55-59	\$214.77	\$158.85	\$102.48
	60+	\$236.83	\$172.71	\$112.53

**NOTE:** Contributions for employee and spouse coverage will increase \$30.00 per person per pay period if you and/or your covered spouse use tobacco.

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN  
FY2010 PLAN YEAR**

<b>Active Employees - Monthly Premium Rates</b>				
<b>DEDUCTIBLE</b>		<b>\$300 Ded. Copay</b>	<b>\$1,000 Ded.</b>	<b>\$2,000 Ded. HSA</b>
<b>EMPLOYEE</b>		N/A	N/A	N/A
<b>EMPLOYEE AND 1 CHILD</b>		\$82.70	\$52.62	\$12.78
<b>EMPLOYEE AND 2 CHILDREN</b>		\$151.10	\$97.38	\$45.24
<b>EMPLOYEE AND 3+ CHILDREN</b>		\$193.00	\$119.96	\$61.60
<b><u>SPOUSE'S AGE as of July 1, 2009</u></b>				
<b>EMPLOYEE AND SPOUSE</b>	<30	\$103.12	\$71.66	\$26.58
	30-39	\$132.42	\$92.96	\$42.04
	40-44	\$163.98	\$118.18	\$60.32
	45-49	\$195.04	\$145.66	\$80.24
	50-54	\$236.88	\$184.70	\$108.52
	55-59	\$285.26	\$226.68	\$138.98
	60+	\$327.26	\$254.42	\$159.08
<b>EMPLOYEE, SPOUSE AND CHILD</b>	<30	\$174.72	\$121.12	\$62.46
	30-39	\$204.98	\$140.28	\$76.34
	40-44	\$237.10	\$165.86	\$94.88
	45-49	\$268.48	\$192.62	\$114.28
	50-54	\$307.48	\$230.92	\$142.04
	55-59	\$356.64	\$272.86	\$172.46
	60+	\$400.76	\$300.62	\$192.58
<b>EMPLOYEE, SPOUSE AND 2+ CHILDREN</b>	<30	\$245.60	\$161.52	\$91.72
	30-39	\$277.86	\$183.88	\$107.94
	40-44	\$310.00	\$208.66	\$125.92
	45-49	\$341.34	\$236.72	\$146.24
	50-54	\$380.34	\$275.68	\$174.48
	55-59	\$429.54	\$317.70	\$204.96
	60+	\$473.66	\$345.42	\$225.06

**NOTE:** Contributions for employee and spouse coverage will increase \$60.00 per person per month if you and/or your covered spouse use tobacco.

**FY2010 FLEXIBLE BENEFITS PREMIUM RATES - Active Employees**

**DENTAL PLAN**

<u>Coverage</u>	<u>24 Pay Periods</u>		<u>12 Pay Periods</u>	
	<u>Base Plan</u>	<u>Enhanced Plan</u>	<u>Base Plan</u>	<u>Enhanced Plan</u>
Employee	\$9.80	\$15.75	\$19.60	\$31.50
Employee / 1 Dependent	\$14.66	\$23.70	\$29.32	\$47.40
Employee / 2 Dependents	\$23.28	\$31.30	\$46.56	\$62.60
Employee / 3 or More Dependents	\$27.96	\$45.00	\$55.92	\$90.00

**VISION PLAN**

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$6.07	\$12.14
Employee / 1 Dependent	\$7.81	\$15.62
Employee / 2 Dependents	\$10.72	\$21.44
Employee / 3 or More Dependents	\$14.85	\$29.70

**MAJOR INJURY PROTECTION PLAN**

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$2.99	\$5.98
Employee / 1 Dependent	\$3.23	\$6.46
Employee / 2 Dependents	\$4.84	\$9.68
Employee / 3 or More Dependents	\$7.57	\$15.14

**HOSPITAL INDEMNITY PLAN**

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$5.46	\$10.92
Employee / 1 Dependent	\$5.63	\$11.26
Employee / 2 Dependents	\$9.67	\$19.34
Employee / 3 or More Dependents	\$14.97	\$29.94

**SHORT TERM DISABILITY INCOME PROTECTION PLAN**

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee Only	\$5.70	\$11.40

**FY2010 SUPPLEMENTAL LIFE PREMIUM RATES - Active Employees  
PER \$1000 OF COVERAGE**

<b><u>AGE GROUP</u></b>	<b><u>24 Pay Periods</u></b>	<b><u>12 Pay Periods</u></b>
Less than 30	\$0.020	\$0.04
30 to 34	\$0.020	\$0.04
35 to 39	\$0.030	\$0.06
40 to 44	\$0.045	\$0.09
45 to 49	\$0.055	\$0.11
50 to 54	\$0.100	\$0.20
55 to 59	\$0.110	\$0.22
60 to 64	\$0.195	\$0.39
65 to 69	\$0.460	\$0.92
70+	\$0.920	\$1.84

**FY2010 DEPENDENT LIFE PREMIUM RATES - Active Employees  
\$10,000 COVERAGE**

<b><u>24 Pay Periods</u></b>	<b><u>12 Pay Periods</u></b>
\$1.05	\$2.09

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN  
FY2010 PLAN YEAR**

<b>RETIREE - Monthly Premium Rates</b>				
<b>DEDUCTIBLE</b>		<b>\$300 Ded. Copoly</b>	<b>\$1,000 Ded.</b>	<b>\$2,000 Ded. HSA</b>
<b><u>RETIREE'S AGE as of July 1, 2009*</u></b>				
<b>RETIREE</b>	≤49	\$436.84	\$325.72	\$270.24
	50-54	\$444.65	\$336.06	\$275.12
	55-59	\$455.04	\$372.34	\$281.65
	60-64	\$466.33	\$383.39	\$286.90
<b><u>RETIREE'S AGE as of July 1, 2009</u></b>				
<b>RETIREE AND FAMILY</b>	≤49	\$699.85	\$520.89	\$450.42
	50-54	\$759.33	\$584.00	\$498.59
	55-59	\$830.46	\$651.85	\$550.38
	60-64	\$892.11	\$696.68	\$584.59

**NOTE:** Contributions for retiree and spouse coverage will increase \$60.00 per person per month if retiree and/or covered spouse use tobacco.

\* This age/date is for Annual Enrollment. If a change is made mid-year, then the rate is the age of the Spouse/Retiree at the time of the change.

**DENTAL AND VISION PLANS - RETIREE  
FY2010 MONTHLY PREMIUM RATES**

**DENTAL PLAN**

	<u><b>BASE PLAN</b></u>	<u><b>ENHANCED PLAN</b></u>
Participant Only	\$19.99	\$32.13
Participant and 1 Dependent	\$29.91	\$48.35
Participant and 2 Dependents	\$47.49	\$63.85
Participant and 3+ Dependents	\$57.10	\$91.80

**VISION PLAN**

Participant Only	\$12.38
Participant and 1 Dependent	\$15.93
Participant and 2 Dependents	\$21.87
Participant and 3+ Dependents	\$30.29

**FY2010 LIFE INSURANCE PREMIUM RATES - RETIREE  
PER \$1000 OF COVERAGE**

<u><b>AGE GROUP</b></u>	<u><b>MONTHLY RATE</b></u>
Less than 30	\$0.04
30 to 34	\$0.04
35 to 39	\$0.06
40 to 44	\$0.09
45 to 49	\$0.11
50 to 54	\$0.20
55 to 59	\$0.22
60 to 64	\$0.39
65 to 69	\$0.92
70	\$1.84 *

\*NOTE: Your Term Life coverage ends the last day of the month of your 70th birthday.  
There is no conversion policy.

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN  
FY2010 PLAN YEAR**

<b>COBRA - Monthly Premium Rates</b>				
<b>DEDUCTIBLE</b>		<b>\$300 Ded. Copoly</b>	<b>\$1,000 Ded.</b>	<b>\$2,000 Ded. HSA</b>
<b>PARTICIPANT</b>		\$449.29	\$359.50	\$315.72
<b>PARTICIPANT AND 1 CHILD</b>		\$575.05	\$446.23	\$356.53
<b>PARTICIPANT AND 2 CHILDREN</b>		\$644.82	\$491.88	\$389.64
<b>PARTICIPANT AND 3+ CHILDREN</b>		\$687.56	\$514.92	\$406.33
<b><u>SPOUSE'S AGE as of July 1, 2009*</u></b>				
<b>PARTICIPANT AND SPOUSE</b>	<30	\$595.88	\$465.65	\$370.61
	30-39	\$625.77	\$487.38	\$386.38
	40-44	\$657.96	\$513.10	\$405.02
	45-49	\$689.64	\$541.13	\$425.34
	50-54	\$732.32	\$580.95	\$454.19
	55-59	\$781.67	\$623.77	\$485.25
	60+	\$824.51	\$652.07	\$505.75
<b>PARTICIPANT, SPOUSE AND CHILD</b>	<30	\$668.91	\$516.10	\$407.20
	30-39	\$699.78	\$535.64	\$421.36
	40-44	\$732.54	\$561.73	\$440.27
	45-49	\$764.55	\$589.03	\$460.06
	50-54	\$804.33	\$628.10	\$488.38
	55-59	\$854.47	\$670.87	\$519.40
	60+	\$899.48	\$699.19	\$539.93
<b>PARTICIPANT, SPOUSE AND 2+ CHILDREN</b>	<30	\$741.21	\$557.31	\$437.05
	30-39	\$774.12	\$580.11	\$453.59
	40-44	\$806.90	\$605.39	\$471.93
	45-49	\$838.87	\$634.01	\$492.66
	50-54	\$878.65	\$673.75	\$521.46
	55-59	\$928.83	\$716.61	\$552.55
	60+	\$973.83	\$744.89	\$573.05

**NOTE:** Contributions for employee and spouse coverage will increase \$60.00 per person per month if you and/or your covered spouse use tobacco.

\* This age/date is for Annual Enrollment. If a change is made mid-year, then the rate is the age of the Spouse/Retiree at the time of the change.



**DENTAL AND VISION PLANS - COBRA  
FY2010 MONTHLY PREMIUM RATES**

**DENTAL PLAN**

	<u><b>BASE PLAN</b></u>	<u><b>ENHANCED PLAN</b></u>
Participant Only	\$19.99	\$32.13
Participant and 1 Dependent	\$29.91	\$48.35
Participant and 2 Dependents	\$47.49	\$63.85
Participant and 3+ Dependents	\$57.10	\$91.80

**VISION PLAN**

Participant Only	\$12.38
Participant and 1 Dependent	\$15.93
Participant and 2 Dependents	\$21.87
Participant and 3+ Dependents	\$30.29

**FY2010 LIFE INSURANCE PREMIUM RATES - COBRA  
PER \$1000 OF COVERAGE**

<u><b>AGE GROUP</b></u>	<u><b>MONTHLY RATE</b></u>
Less than 30	\$0.04
30 to 34	\$0.04
35 to 39	\$0.06
40 to 44	\$0.09
45 to 49	\$0.11
50 to 54	\$0.20
55 to 59	\$0.22
60 to 64	\$0.39
65 to 69	\$0.92
70	\$1.84 *

\*NOTE: Your Term Life coverage ends at the end of your COBRA extension period, (generally 18 months), or on the last day of the month of your 70th birthday, whichever is earlier. There is no conversion policy.